

ORIGINAL

CIVIL RIGHTS COMPLAINTS
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

CV 16 3081

Darnell Crede II 15B360
Full name of plaintiff/prisoner ID #

Plaintiff,

JURY TRIAL DEMAND
YES NO

-Against-

P.O. Dunne

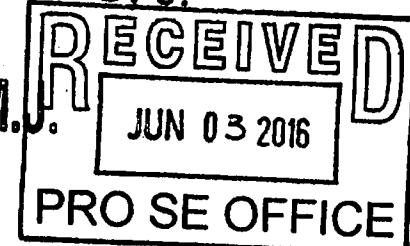
MATSUMOTO, J.

Enter full names of defendants
[Make sure those names are identical
To those listed in Part III]

Defendants,

P.O. Dunne

MANN, M.J.



I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with
the same facts involved in this action or otherwise relating to your
imprisonment? Yes No

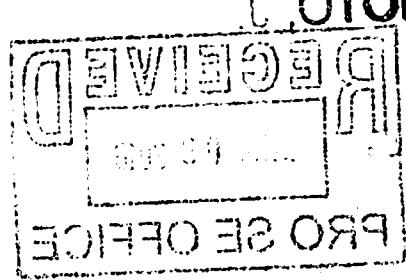
B. If your answer to A is yes, describe each lawsuit in the space below (if
there is more than one lawsuit, describe the additional lawsuits on
another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the
county) _____



3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Lakeview Shock Incarceration Corr. fac.

A. Is there a prisoner grievance procedure in this institution Yes No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes No ✓

C. If your answer is Yes,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not Appeal to the
Appellent court

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes No

F. If your answer Is YES,

1. What steps did you take? _____

2. What was the result? _____

III Parties

A. Name of plaintiff Darnell Credell

Address Lakerview Shock Incarceration c.f

Name of Plaintiff _____

Address _____

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No 1

P.O. Dunne N.Y.C.P.D. Midtown South

N.Y.C.P.D. Pct 011

Defendant No 2

Defendant No 3

Defendant No 4

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper if necessary.)

on June 18 2009 I was found to be in possession
of a debit card. That debit card had my legal

an item in the amount of \$ 631.47 I proceeded to show the clerk my true identification and I signed the receipt in my true name. Once I left the store P.O. Dunne Demanding the Sales Clerk in the store to hand over the copy of the card I used to for the purchase and the Sales receipt. When the clerk gave him that information processed out the store computer. P.O. Dunne stated that by his training as a Detective of the Larceny task force He read the receipt and knew the card was Altered. P.O. Dunne than ran outside the store to Arrest me. That Arrest violated my Fourth Amendment Rights in a illegal search and seizure.

name on the face of the card, I receive the card from a person name Gerry Sam in front of macy in Herald square. Although, I felt I was doing legal business with sam, that card was forged from it's magnetic strip in back of the card. P.O Dunne witness Sam pass me a envelope and me pulling out a card and based on that observation he followed me into macy. P.O Dunne called management at the Luis vuition and told them if I make a purchase of anything to make a copy of the receipt and the card I was using. I purchase

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you are require. Was medical

treatment received? Anti Depressant medication. psyc
medication consulting

V. Relief:

State what relief you are seeking if you prevail on your complaint.

(Monetary) 5 Million Dollars

I declare under penalty of perjury that on 5/30/2016, I delivered this complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this 30 day of May, 2008. I declare under
penalty of perjury that the foregoing is true and correct. 16

Respectfully submitted,

Darnell Credell

Dawill Tredwell

Signature of plaintiffs

Lakeview C.F.

Name of prison facility

P.O Box 4

Brocton N.Y.

19-

address

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15B3607

Prison ID #